

**2003 FOR PROFIT CORPORATION  
AMENDED UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

03 APR 23 AM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083588

1. Entity Name

RAM MARINE SERVICES, INC.

*Handwritten mark*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

494 Riverview Drive

3. Mailing Address

494 Riverview Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Nokomis, Florida

Nokomis, Florida

4. FEI Number

65-1036444

Applied For

Not Applicable

Zip

Country

34275

USA

Zip

Country

34275

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

David M. Silberstein

Street Address (P.O. Box Number is Not Acceptable)

720 South Orange Avenue

City

Sarasota

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	David A. Lowell	494 Riverview Dr., Suite B	Nokomis, FL 34275				
VP	Stephen DeFuria	494 Riverview Dr., Suite B	Nokomis, FL 34275				
S	Brian E. Bailey	494 Riverview Dr., Suite B	Nokomis, FL 34275				
T	David P. Alexander	494 Riverview Dr., Suite B	Nokomis, FL 34275				

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of David A. Lowell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

941-485-7422

Daytime Phone #

CR2E034B (12/01)